



Department of Law and Public Safety

DIVISION OF STATE POLICE

PROCEDURES FOR OBTAINING COPIES OF STATE POLICE REPORTS & PHOTOGRAPHS

(Pursuant to Title 53:2-3 R.S., the following Rules & Regulations have been promulgated by the Superintendent of State Police)

I. ACCIDENT REPORTS ON NON TOLL ROADS, OPERATIONS REPORTS AND UNFOUNDED INVESTIGATION REPORTS

- A. For certified copies of the above reports contact or write to: **Division of State Police, Criminal Justice Records Bureau, P.O. Box 7068, West Trenton NJ 08628-0068; Telephone: (609) 882-2000, Accident Reports, ext. 2866; for Operations or Investigations, ext. 2863.**
1. Complete reverse side of this form and return with the proper fee(s).
 2. Requests for accident reports must be accompanied with a certified check, business check, or money order made payable to **New Jersey State Police** in accordance with the established fees listed below.
 3. **FEES:** a. All reports (1-5 pages)\$10.00
b. Over 6 pages.....\$16.00
- B. For uncertified copies of accidents occurring on NON TOLL roads, drivers and registered vehicle owners may apply in person and obtain an uncertified copy of the accident report from the investigating station at no charge. Copies will be available in two weeks. As an uncertified copy it may not be accepted for all purposes. (See "Remarks" on page 2 for station information.)
- C. For accidents occurring on TOLL roads contact or write to the appropriate toll road authority for accident and fee information.
1. New Jersey Turnpike Authority.....Certified check or money order to be made payable to:
P.O. Box 5042 **New Jersey Turnpike Authority**
Woodbridge, NJ 07095
Telephone: (732) 442-8600 ext. 2908
 2. Garden State Parkway-NJSP.....Certified check or money order to be made payable to:
P.O. Box 20 **New Jersey Turnpike Authority**
Woodbridge, NJ 07095
Telephone: (732) 442-8600 ext. 2419
 3. Atlantic City Expressway Authority.....Certified check or money order to be made payable to:
P.O. Box 389 **South Jersey Transportation Authority**
Hammonton, NJ 08037
Telephone: (609) 965-7200 ext. 108

II. PHOTOGRAPHS

- A. All requests for photographs will be mailed to: Division of State Police, Criminal Justice Records Bureau.
1. Prior to the release of photographs there must be verification that the case is closed.
 2. Complete the reverse side of this form and return with the proper fee(s).
 3. Photographs must be purchased in complete sets. No individual photographs will be released. Requests must be accompanied by a certified check, business check or money order made payable to: **New Jersey State Police**
 4. **FEES:** a. One to ten photographs.....\$5.00 each
b. Additional photographs.....\$3.00 each

NOTE: REPORTS WILL NOT BE AVAILABLE TO ANYONE APPLYING IN PERSON AT DIVISION HEADQUARTERS. THIS FORM MUST BE COMPLETED ON THE REVERSE SIDE AND FORWARDED WITH THE PROPER FEE WHEN REQUESTING CERTIFIED COPIES OF REPORTS.

DATE OF REQUEST: _____

REPORT REQUEST INFORMATION

To obtain certified copies of State Police motor vehicle accident reports, operations reports, and photographs, this form must be completed and returned to the APPROPRIATE AUTHORITY INDICATED ON THE REVERSE SIDE. Please provide the necessary information _____ in _____ Sections not be released. Instead, those requests must be in writing and forwarded directly to the appropriate municipal/county prosecutor. This form is used to facilitate your request for the reports listed below.

SECTION A

Requesting Firm/
Company/Agency, etc.: _____

Address: _____

Telephone Number: (_____) _____

Name of
Requesting Party: _____

IF KNOWN, CHECK TYPE OF REPORT REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> Accident Report | <input type="checkbox"/> Operations Report |
| <input type="checkbox"/> Unfounded Investigation Report | <input type="checkbox"/> Aircraft/Boating Accident |
| <input type="checkbox"/> Drinking-Driving Report | <input type="checkbox"/> Accidental Injury/Death |
| <input type="checkbox"/> Video Tape (Prosecutor's only) | <input type="checkbox"/> Other - Explain: _____ |

SECTION B

PER 39:4-129(C) AND S.O.P. F25

DRIVER INFORMATION EXCHANGE/REPORT REQUEST INFORMATION

INSERT INFORMATION WHERE APPLICABLE

NOTE: THE BELOW INFORMATION MUST BE COMPLETED BY PARTIES INVOLVED IN A MOTOR VEHICLE ACCIDENT, AT THE SCENE WHEN PRACTICAL, AND WHEN REQUESTING COPIES OF STATE POLICE REPORTS.

DRIVER OWNER

Name: _____

Address: _____

City, State, Zip: _____

Date/Time: _____

Location of Incident: _____

Insurance Company & Policy Number: _____

Type of Vehicle: _____

Report Case Number: _____

Trooper Name/Badge No.: _____

Remarks: _____

OWNER

Name: _____

Address: _____

City, State, Zip: _____

Date/Time: _____

Location of Incident: _____

Insurance Company & Policy Number: _____

Registration Number: _____

Station: _____